Louisiana Department of Revenue Corporation Income/Franchise Tax Declaration for Electronic Filing

2009 LA8453-C

	pe filed electronically with the corporation's calendar year 2009, or tax year beginning			•	2010				
1 01	calendar year 2000, or tax year beginning	y, 2008	, ending _		, 2010	PLE	EASE PRINT OR TYPE		
Na	me of Corporation								
LA. Revenue Account Number				Federal Employer Identification Number (FEIN)					
Street Address of Corporation			City			State	State ZIP		
Pa	rt 1 - Tax Return Information (whole doll	lars only)							
Income & Franchise tax due (Form CIFT-620, Line 14)					1 .00				
2	Less Refundable Credits (Form CIFT-620, add Lines 15 & 15A)				2				
							.00		
3	Refund (Form CIFT-620, Line 18)				3		.00		
4	Total amount due (Form CIFT-620, Line 25)				4		.00		
5	Amount of payment remitted electronical	ally			5	.00			
Pa	rt II - Declaration of Officer (Sign only af	ter Part I is completed.)							
ret accomy ret	on the corresponding lines of the LA. 2009 Income/2010 Franchise tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the corporation's return, this declaration accompanying schedules, and statements to the LA. Department of Revenue. I also consent to the LA. Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the corporation's return is accepted, and, if rejected, the reason(s) for the rejection. ☐ I authorize a representative of the LA. Department of Revenue to discuss my return and attachments with my preparer. Signature of Officer Date (mm/dd/yyyy) Title								
X									
I domy dar info	rt III - Declaration of Electronic Return eclare that I have reviewed the above con knowledge. If I am only a collector, I am not a on the return. The corporate office will hormation to be filed with the LA. Department of Participation, and Pub. 4163, Modernized Participation, and Pub. 4164, Modernized electronic of the primary I declare that I have example to the primary of the participation of the primary I declare that I have example to the primary I declare that I have example to the primary I have any knowledge.	poration's return and the responsible for review ave signed this form be and of Revenue, and haved E-File Information for mined the above corporation.	nat the enewing the I efore I sulve followe or Authorizoration's re	ntries on I return and bmit the i d all othe zed IRS I eturn and	d only declare freturn. I will giver requirements E-Providers. If accompanying	that this form a e the officer a o in Pub. 3112, I I am also the I g schedules an	ccurately reflects the copy of all forms and RS E-file Application Paid Preparer, under d statements, and to		
	O's Use Only O'S Signature	Date (manufaldinana)				EDO's CCI	N or DTIN		
X	Signature Date (mm/dd/yyyy)				☐ Check if self-employ		ERO's SSN or PTIN		
Firm's name (or yours if self-employed)						EIN	EIN		
City				State	ZIP	Phone Nur	Phone Number		
Pai	d Preparer's Use only				'				
Preparer's Signature Date (mm/dd/yyyy)			☐ Chec	k if mployed	Preparer's SSN or PTIN				
Firm's name (or yours if self-employed)									
City				State	ZIP	Phone Nur	Phone Number		